

JUDICIAL CANDIDATE / OFFICEHOLDER 7439 **FORM JC/OH**
CAMPAIGN FINANCE REPORT **COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**
6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST John	MI	OFFICE USE ONLY
	NICKNAME	LAST Lipscombe	SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
<input type="checkbox"/> Change of Address	902 E. 5th St. #204		Austin, Texas, 78702		78702

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 4853003	EXTENSION	FILED FOR RECORDS
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Emma	MI	Receipt #
	NICKNAME	LAST Barrientos	SUFFIX	Amount

7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	2906 Gem Circle		Austin, Texas, 78704		

8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 442-7233	EXTENSION
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)			

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	7	1	2010		9	23	2010

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month / Day / Year 11 / 3 / 2010	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any)
	County Court at Law in District #3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
	Name
	Address / PO Box, Apt. / Suite #, City, State, Zip Code

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME
John Lipscombe

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7804.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8591.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 1 of 2	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/7/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Jones	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 11028 Mint Julep Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 7/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Martinez Law Firm	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 2101 S. IH 35 Ste 201 Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 7/7/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wahlberg	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1208 West Ave Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm P. David Wahlberg		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 2 of 2	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/22/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan-Thrasher, L.L.C. 6 Contributor address; City; State; Zip Code 1104 San Antonio St. Austin, TX 78707	7 Amount of contribution (\$) 150.00	8 In-kind contribution description(if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
<i>(If travel outside of Texas, complete Schedule T)</i>			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1 of 2
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/7/2010	5 Payee name Piryx, Inc. <hr/> 6 Payee address; City: State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	7 Amount (\$) 4.50
8 Purpose of payment (See instructions regarding type of information required.) Transaction fee (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/7/2010	Payee name GNI Strategies <hr/> Payee address; City: State; Zip Code 908 E. 5th St Ste 114 Austin, TX 78702	Amount (\$) 750.00
Purpose of payment (See instructions regarding type of information required.) admin (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/7/2010	Payee name Travis County Democratic Party <hr/> Payee address; City: State; Zip Code 1311 East 6th Street Austin, TX 78702	Amount (\$) 750.00
Purpose of payment (See instructions regarding type of information required.) 2nd part of sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/7/2010	Payee name David Butts <hr/> Payee address; City: State; Zip Code 1914 Patton Ln Austin, TX 78723	Amount (\$) 5000.00
Purpose of payment (See instructions regarding type of information required.) consulting service-part of win bonus (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 2
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/2010	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	7 Amount (\$) 1000.00
8 Purpose of payment (See instructions regarding type of information required.) Coordinated Campaign (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/26/2010	Payee name Mr. Joel Blanchard Payee address; City; State; Zip Code 7108 Teaberry Dr. Austin, TX 78745	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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